

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	S A	68966 2/3	9 - 12 - 00

**INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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